

## GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HUMAN SERVICES

## Fax Request Form B from Benefit Agency to INS

To: INS Vermont Service Center, fax (802) 527-3159

This rec	quest is being	ubmitted by:
Name (	printed):	Title:
Agency	name and ad	ress:
Fax number:		Phone number:
Agency	case tracking	number: (optional)
		icant is seeking public benefits from the agency identified above, pursuant to rece ion this applicant falls into one of two categories:
		lieves an INS Form I-130 Petition for Immigrant Status, was filed on the applicant ehalf by his/her spouse or parent or has self-petitioned as a widow(er) using INS orm I-360, Petition for Amerasian, Widow or Special Immigrant (complete Part A elow):
	b)	as self-petitioned as a battered spouse or child using INS Form I-360, Petition for Amerasian, Widow or Special Immigrant (complete Part B, below).
Item 2:	Verify that to determinated Make a print agency of the Update the determination request form Determine wher behalf update the second part of the determination of the determinati	Ferenced agency requests that INS: (please check only one) e attached document is valid. A copy of the I-797 approval notice, prima facie or receipt notice is attached. In facie determination or expedite adjudication of the petition and notify the request outcome. In a facie determination or expedite adjudication of the petition and notify the request outcome. In a facie determination or expedite adjudication (insert date) request for a prima facility or expedited adjudication. (Requesting agency should allow three weeks from the prima facie determination or filing of a petition before making this request). In a facie determination or whether a petition has been filed on his order (a) or (b), as indicated above. If so, please make a prima facie determination of the applicant's petition and notify the requesting agency of the outcome.
	Date:	Agency Signature:

PART A: For an Applicant Who Is the Beneficiary of a Petition Filed by Spouse or Parent, or

## Who Has Self Petitioned as a Widow(er)

Step 1:	Does the alien applicant have a copy of an INS Form I-797 indicating that an I-130 was filed on his/her behalf? [If applicant has self-petitioned as a widow(er), check ANo@ and proceed to Step 2.]	
	Yes Attach a copy of the I-797 to this fax (you need not complete Step 2).  No If the applicant as no documentation or has documentation other than a Form I-797, proceed to Step 2.	
Step 2:	2: If the applicant does not have a Form I-797, please fill out the following information. All blanks, except that noted "if available," must be completed.	
	Benefit Applicant's full name:	
	Benefit Applicant's date of birth:	
	Benefit Applicant's best guess to when petition was filed:(mo/yr)	
	Benefit Applicant's best guess of the INS office in which the petition was filed:	
	Petitioner's full name:	
	Petitioner is Applicants spouse, or parent, or self [widow(er)] (check one)	
	Petitioner is a U.S. citizen, or lawful permanent resident ("green card holder")	
	Petitioner's date of birth	
	Petitioner's Alien Registration Number, if available: A	
	Petitioner's address at time of filing petition:	
	(street address, city, zip code)	

## PART B: For an Applicant Who Has Self-Petitioned as a Battered Spouse or Child

Step 1:	Attach a copy of the receipt notice or other documentation evidencing that a Form I-360 has Filed with the INS. If that documentation does not include the following information, pleasupplete the blanks:	
	Applicant/self-petitioner's full name: Applicant/self-petitioner's date of birth:	
	Date I-360 was filed:  Location (city) of INS office where filed:	